



PRESENTING CLINICAL SIGNS

DATE

History: Grade IV/VI murmur. Coughing. Previously diagnosed with stage B1/early stage B2 degenerative valve disease and mild PH in January 2023. Currently receiving furosemide 6.25 mg BID, hydrocodone, and thyroid tabs.

3/22/23

ECHOCARDIOGRAPHIC FINDINGS

2D, M-mode, and Doppler study.

PERFORMED BY:

Shari Reffi, CVT

INTERPRETED BY

Keith Blass, DVM,
MS, DACVIM
(Cardiology)

There is mild left atrial dilation. The mitral valve leaflets are mildly thickened and exhibit mild systolic prolapse. A mild to moderate jet of eccentric mitral regurgitation is present. There is mild left ventricular dilation. Left ventricular systolic function is hyperdynamic. The aorta and aortic valve are normal. Right atrial and right ventricular dimensions are normal. The tricuspid valve leaflets are mildly thickened, and a mild jet of tricuspid regurgitation is present. TR velocity is consistent with the presence of mild pulmonary hypertension (PG 36 mmHg). The pulmonary artery and pulmonic valve appear normal, though trace pulmonic insufficiency is present. No shunting lesions are visualized. No heartworms are visualized. No pericardial effusion or cardiac masses are seen.

PATIENT

Rocky Green

LA – 28.0 mm
LVIDd – 28.0 mm
LVIDs – 13.1 mm
FS – 53%
RA – 19.8 mm
LVOT – 1.28 m/s
RVOT – 0.59 m/s
TR – 3.01 m/s

SPECIES

Canine

ASSESSMENT/RECOMMENDATIONS

BREED

Degenerative mitral and tricuspid valve disease
Pulmonary hypertension

Pomeranian

SEX

MN

AGE

13 y

This examination is similar to the one performed two months ago, and again shows the presence of degenerative mitral valve disease with mild secondary left heart chamber dilation, degenerative tricuspid valve disease with no secondary right heart chamber dilation, and mild pulmonary hypertension. As only mild left atrial dilation is present, it's unlikely that mainstem bronchial compression is contributing to Rocky's cough, and other causes, such as dynamic tracheal collapse and inflammatory airway disease, should be considered more likely differentials. As for the possibility of Rocky being in congestive heart failure, it's not unheard of in a dog with only mild left heart chamber dilation, however, it is rare and it should be accompanied by an increased respiratory rate/effort, therefore, if Rocky is just coughing, it's unlikely that congestive heart failure would be present.

Thoracic radiographs are recommended to further evaluate Rocky's cough.

WEIGHT

12.4 lb

I recommend starting Rocky on pimobendan (1.25 mg BID), as this medication should help to slow the progression of his valvular diseases. Continued use of hydrocodone as needed is recommended for Rocky's cough. As for furosemide, no specific indication for its use is seen in this exam, though the medication may be continued if it has improved Rocky's cough due to its anti-inflammatory effect and/or radiographs suggest another indication for its use. No therapy is recommended for Rocky's pulmonary hypertension at this time.

HOSPITAL NAME

Shohola VH

A recheck echocardiogram is recommended in ~6 months to monitor for disease progression.

REFERRING VET

Dr. Gramazio



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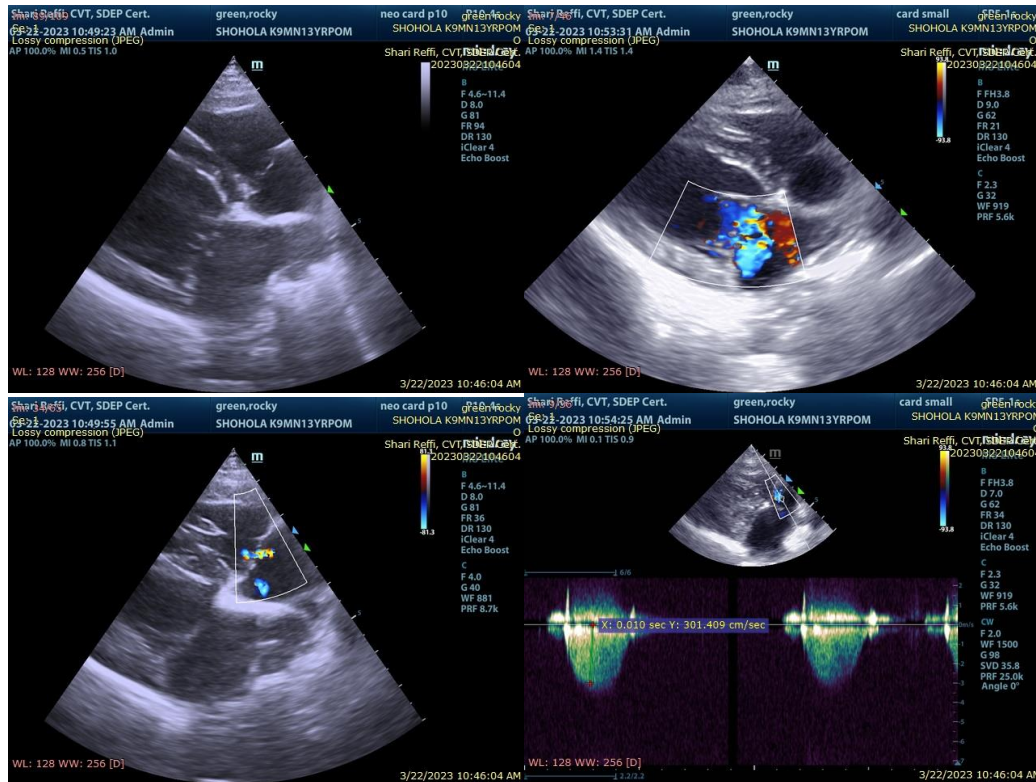
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HOSPITAL NAME

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Dr. Gramazio



The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Keith Blass, DVM, MS, DACVIM (Cardiology)
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